

On-call Guidelines and Responsibilities and Rights of the Birth Doula

Zaagichigaazowin Home Visiting Project

Being on-call means the birth doula is available to be called to a birth at any time during the four week period of time surrounding the clients due date; specifically during the two weeks before and after. If a client were to go into labor before or after that time, it is hoped, but not guaranteed the doula would accompany the birth.

These guidelines outline expectations of the doula during the labor and birth time period, with the goal of ensuring the doula is available to attend the birth and capable of doing their best job while doing so.

It is imperative the doula makes every reasonable attempt to be available to attend the family at their birth when the agreement for birth attendance has been made. However, we also understand being on call is demanding and there are times when circumstances are beyond the control of the doula and could prohibit her ability to attend the labor and birth. We have also addressed the rights of the birth doula.

On-Call Guidelines:

Please keep in mind: A Zaagichigaazowin home visitor doula is allowed 15 hours of paid birth attendance, including drive time. The doula must be able to work within this allotted time frame. Accommodations for a backup doula should be made for every scheduled birth attendance so the family can receive continuous labor, birth, and postpartum support.

The doula must be aware of the estimated due dates of those families who have requested birth doula support. The doula is considered “on-call” for the two weeks before and after this date. During that time, the doula will have a working land line and cell phone on their person at all times so they can be reached when needed. The following guidelines pertain to this time period.

The doula must:

- Have reliable transportation which will allow them to meet the family at the place they plan to deliver.
- Have arrangements made to allow the doula to leave their home and meet the family at any time during the day or night.
- Be able to meet the family as soon as possible when they are called on, and not more than two hours after a definite request has been made, depending on family wishes (phone contact during early labor is acceptable). Therefore the doula must be geographically close enough to fulfill this requirement.
- Not be under the influence of alcohol, drugs or any other substance or medication that would alter the doula’s ability to offer services at the best of their ability.

- Plan to stay for the duration of the labor, delivery and for approximately two hours- and/or until breastfeeding is established, during the post-partum period (note: some limits to time spent at birth do exist to protect the doula's well being. *Please see Guidelines for time spent at birth*).

Birth Doula Responsibilities:

- Always provide doula services within the DONA Scope of Practice for Birth Doulas http://www.dona.org/aboutus/standards_birth.php and in accordance with the DONA Birth Doula Code of Ethics http://www.dona.org/aboutus/code_of_ethics_birth.php.
- Adhere to the on-call guidelines as outlined in this document.
- Ask for assistance when there is a question regarding best action. Zaagichigaazowin project director/supervisor and staff or other hospital/clinical staff are excellent resources and will be available to offer assistance in person or by phone.
- Ask for support when there is a personal or professional challenge related to the birth doula role as soon as possible; this may be related to home visiting and/or birth work. If a doula needs back-up at a birth, she must call that person as soon as she knows assistance is needed.
- Participate in a birth review session with Zaagichigaazowin administrative/clinical staff within two weeks after each birth.
- Participate in all initial and on-going educational activities recommended or required for birth doula/ home visitors.

Birth Doula Rights:

- Always has the right to feel safe and comfortable within their work setting (whether within the health care or home setting) and in interpersonal relationships which are required for the work (with other staff and with clients). If this is not the case, the birth doula has the right to immediately remove themselves from the situation, seek the appropriate level of support and seek remediation for the situation.
- Will have access to support and guidance from program administrative/clinical staff during regular work hours and after hours either in person or by phone.
- Will have access to back-up assistance during labor and delivery for cases when a second or a replacement doula is needed.
- Will have weekly reflective supervision meetings, and as needed to ensure on-going support is available and any concerns are addressed in a timely manner.
- Will have the necessary level of professional, educational and clinical training and supervision to ensure the doula feels secure in their role.

Guidelines for Time Spent at a Birth

The process of childbirth is miraculous and unpredictable. Our goal is to provide support for birthing families throughout their labor and delivery, as well as the immediate post-partum period. We understand continuity of care is an important part of offering quality doula services. At the same time, we recognize providing doula support is emotionally, mentally and physically challenging, and when doulas spend more than fifteen (15) hours providing such care, we may be compromising their well being and ability to continue serving other families during that same time period. Our challenge is to balance our dual priorities of taking care of our families, and taking care of our staff. To that end, we have developed the following guidelines:

Early Labor:

- Doula reviews with family; when to go to birth place, how to time contractions, comfort measures for early labor
- Doula role is to keep in touch with family by phone or visit if necessary, prepare and be ready to doula during active labor & provide reassurance to the family

***Doula should join family when active labor is established**

Active Labor:

- Doula encourages family to go to place of birth and joins them *when active labor is established-(if not active labor or it stalls out, go home and return when active labor)*
- Doula provides birth and immediate post-partum/breastfeeding support. Please see below for time spent at birth specific guidelines:
 - o If birth attendance is less than or equal to 15 hrs.: primary doula only
 - o If birth attendance is greater than 10-15 hrs. and birth *is imminent*: primary doula continues and completes
 - o If birth attendance is greater than 10-15 hrs. and birth *is not imminent*: primary doula calls back up doula for relief. Back up doula has two hours to come to the birth
 - The above timeframe starts over when secondary doula starts

Back up personnel for birth => Other home visitor, Program Director or other identified community members slated for on call collaboration with the program.

Back up personnel for home visits => Other home visitor, MCH nurse, Program Director

Note: After a doula attends a birth, they should offset the time spent immediately and use that time to rest and recover. The doula will notify the program coordinator a birth is completed and how many hours they spent and need to offset. The coordinator will reschedule the doula's scheduled home visits or arrange for them to be attended by a back-up person. She will also arrange for a birth debrief with the program director for that doula within two weeks following the birth.

I. Rules of Conduct

- A. *Propriety.* The doula should maintain high standards of personal conduct in the capacity or identity as a birth doula.
- B. *Competence and Professional Development.* The doula should strive to become and remain proficient in the professional practice and the performance of professional functions through continuing education, affiliation with related organizations, and associations with other birth doulas.
- C. *Integrity.* The doula should act in accordance with the highest standards of professional integrity.

II. Ethical Responsibility to Clients

- A. *Primacy of Client's Interests.* The doula's primary responsibility is to her clients.
- B. *Rights and Prerogatives of Clients.* The doula should make every effort to foster maximum self-determination on the part of her clients.
- C. *Confidentiality and Privacy.* The doula should respect the privacy of clients and hold in confidence all information obtained in the course of professional service.
- D. *Obligation to Serve.* The doula should assist each client seeking birth doula support either by providing services or making appropriate referrals.
- E. *Reliability.* When the doula agrees to work with a particular client, her obligation is to do so reliably, without fail, for the term of the agreement.
- F. *Fees.* When setting fees, the doula should ensure that they are fair, reasonable and commensurate with services performed. The doula must clearly state her fees to the client, and describe the services provided, terms of payment and refund policies.

III. Ethical Responsibility to Colleagues

- A. *Respect, Fairness, and Courtesy.* The doula should treat colleagues with respect, courtesy, fairness, and good faith.
- B. *Dealing with Colleagues' Clients.* The doula has the responsibility to relate to the clients of colleagues with full professional consideration.

IV. Ethical Responsibility to the Birth Doula Profession

- A. *Maintaining the Integrity of the Profession.* The doula should uphold and advance the values, ethics, knowledge and mission of the profession.
- B. *Community Service:* The doula is encouraged to assist the DONA International vision of "A Doula For Every Woman Who Wants One" by providing birth doula services at a reduced cost, if possible, or making appropriate referrals, as available.

V. Ethical Responsibility to Society

- A. *Promoting Maternal and Child Welfare.* The doula should promote the general health of women and their babies, and whenever possible, that of their family and friends as well.

I) Scope

- A) **Services Rendered.** The doula accompanies the woman in labor, provides emotional and physical support, suggests comfort measures, and provides support and suggestions for the partner. Whenever possible, the doula provides pre- and post-partum emotional support, including explanation and discussion of practices and procedures, and assistance in acquiring the knowledge necessary to make informed decisions about her care. Additionally, as doulas do not “prescribe” treatment, any suggestions or information provided within the role of the doula must be done with the proviso that the doula advises her client to check with her primary care provider before using any application.
- B) **Limits to Practice.** DONA International Standards and Certification apply to emotional and physical support only. The DONA certified doula does not perform clinical or medical tasks such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations, or postpartum clinical care. If doulas who are also health care professionals choose to provide services for a client that are outside the doula’s scope of practice, they should not describe themselves as doulas to their client or to others. In such cases they should describe themselves by a name other than “doula” and provide services according to the scopes of practice and the standards of their health care profession. On the other hand, if a health care professional chooses to limit her services to those provided by doulas, it is acceptable according to DONA International’s Standards for her to describe herself as a doula.
- C) **Advocacy.** The doula advocates for the client’s wishes as expressed in her birth plan, in prenatal conversations, and intrapartum discussion, by encouraging her client to ask questions of her care provider and to express her preferences and concerns. The doula helps the mother incorporate changes in plans if and when the need arises, and enhances the communication between client and care provider. Clients and doulas must recognize that the advocacy role does not include the doula speaking instead of the client or making decisions for the client. The advocacy role is best described as support, information, and mediation or negotiation.
- D) **Referrals.** For client needs beyond the scope of the doula’s training, referrals are made to appropriate resources.

II) Continuity of Care

- A) The doula should make back-up arrangements with another doula to ensure services to the client if the doula is unable to attend the birth. Should any doula feel a need to discontinue service to an established client, it is the doula’s responsibility to notify the client in writing and arrange for a replacement, if the client so desires. This may be accomplished by:
- Introducing the client to the back-up doula.
 - Suggesting that another member of DONA International or other doula may be more appropriate for the situation.
 - Contacting a DONA International Regional Representative or local doula organization for names of other doulas in the area.
 - Following up with the client or back-up doula to make sure the client’s needs are being accommodated.

III) Training and Experience

- A) **Training**. Doulas who are certified by DONA International will have completed all the requirements as set forth in the DONA International Requirements for Certification. This includes training in childbirth and attendance at a birth doula workshop which has been approved by the DONA Education Committee; completion of a breastfeeding requirement; required reading from the DONA International Reading List; development of a resource list for her clients; completion of an essay that demonstrates understanding of the integral concepts of labor support and a Basic Knowledge Self Assessment Test. See the DONA International Requirements for Certification for more detail on Training and Experience.
- B) **Experience**. Doulas certified by DONA International will have the experience as set forth in the DONA International Requirements for Certification. This includes provision of support to a minimum number of clients, positive evaluations from clients and health care providers and records of three births, including a summary, observation form and account of each birth.
- C) **Maintenance of Certification**. DONA certified doulas will maintain certification as outlined in the DONA International recertification packet. Recertification must be completed after each three-year period of practice.

By signing this document, I agree to abide by DONA International's Standards of Practice.

Printed Name _____ **Signature** _____ **Date** _____